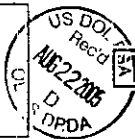


**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

2301

2. Fiscal Year Covered From:

7 / 1 / 2003 Through: 6 / 30 / 2004

3. Name and address of person filing.

Name Joe L Gallino

P.O. Box, Bldg., Room No., if any PO Box 863

Street

City Iron Mountain

State Michigan ZIP Code + 4 49801-0863

4. Name, file number, and address of labor organization.

Name Construction and General Laborers' Union

Labor Organization File Number 003461

P.O. Box, Building and Room Number, if any P.O. Box 863

Street 1800 N. Stephenson Ave.

City Iron Mountain

State Michigan ZIP Code + 4 49801-0863

5. Position in labor organization.

Secretary Treasure

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

5/24/2005

Date

906-774-6070

Telephone Number

Name of Person Filing Joe Gallino

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

202 757 2754: # 25

LHSFNA LME-30 STAFF REPORT

Name and Title	Date	Vendor	Event	Description	Amount
Salino, Joe	08/24/04	James Santeramo	LHSFNA Programs, Subverse, tobacco	Restaurant-	44.12
Salino, Joe	08/16/04	James Santeramo	Hill Care Benefit Review Committee Michigan	Restaurant-	23.73

8-12-04 12:53 PM L.L. U.K.A. SHEET LVS

MICHIGAN LVS

11/18/04 12:53 PM

154 25

MICHIGAN LABORERS' HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

JOSEPH GALLINO

CHECK DATE	PAYEE	AMOUNT	PURPOSE
11/12/2003	Disney Yacht & Beach	\$234.15	Hotel Deposit - Tri-Fund Conf 1/04
12/18/2003	Joseph Gallino	\$1,542.45	Travel Advance - Tri-Fund Conf 1/04
	Joseph Gallino	\$89.05	Refund of Unused Travel Expense
		TOTAL \$1,865.65	
10/17/2004	International Foundation	\$915.00	Regist fee - Annual Conference 11/04
11/6/2004	Joseph Gallino	\$2,250.00	Travel Advance - Annual Conf 11/04
	Michigan Laborers Health	(\$287.14)	Refund of Unused Travel Expense
		TOTAL \$2,877.86	
3/18/2004	Spartan Travel	\$382.04	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
3/25/2004	Joseph Gallino	\$342.50	3/25/04 BOT Meeting - Transportation
4/20/2004	Midway Motor Lodge	\$96.60	3/25/04 BOT Meeting - Lodging
5/24/2004	Joseph Gallino	\$192.50	5/23 - 5/25/04 Jt BOT Mtg Trans
8/19/2004	Joseph Gallino	\$342.50	8/19/04 BOT Meeting - Transportation
9/7/2004	Midway Motor Lodge	\$61.60	8/19/04 BOT Meeting - Lodging
11/18/2004	Joseph Gallino	\$342.50	11/18/04 BOT Meeting - Transportation
11/18/2004	Midway Motor Lodge	\$81.60	11/18/04 BOT Meeting - Lodging
		TOTAL \$1,821.84	